

MEMBERSHIP FORM



Year

- New Member** \$70 - 1 Year Membership
- Renewal** \$60 - 1 Year Membership
- Change of Details**

Membership#

Please note, membership year is from 1st July to 30th June. If renewal fees not received by the 31st August, membership will lapse. Details will be entered onto NASSF database and ADSNA members registry.

Title	<input style="width: 100%;" type="text"/>
Given Name	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>
Postal Address	<input style="width: 100%; height: 40px;" type="text"/>
Place of Work and Department	<input style="width: 100%; height: 40px;" type="text"/>
Work Address	<input style="width: 100%; height: 40px;" type="text"/>
Home Number	<input style="width: 100%; height: 30px;" type="text"/>
Work Number	<input style="width: 100%; height: 30px;" type="text"/>
Mobile Number	<input style="width: 100%; height: 30px;" type="text"/>
Do you wish to receive information via email?	If yes, email: <input style="width: 80%;" type="text"/>

Payment method (please tick): CHEQUE MONEY ORDER ELECTRONIC ORDER

Payable to 'Nurses Association of Short Stay Facilities' (please use surname as reference when paying)
BSB: 806-015 Acc. No: 01511522

Receipt/reference no:

Please return forms regardless of payment method (with cheq/MO if applicable) to:
 5 a UbXUCI k Y`++5`G UZHygVi fmi5 j Ybi Yz6 YXZfX`K 5`* \$) &

Office Use Only	Date received	Receipt No:	Posted:
	Database:		